

Providers' perspectives in health services for people living with asymptomatic HIV/AIDS

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Abstract

People living with asymptomatic HIV/AIDS (PWH) hardly access to receive coverage for treatment and promoting health. Additionally, there are no specific health care services or long term care for persons with asymptomatic HIV to maintain their optimum health and prevent progression of AIDS symptoms. This qualitative study explored health care workers' perceptions of the state of health care services for asymptomatic HIV/AIDS in Thailand. Structural and organizational issues are explored in terms of perspective of health care providers in health care services how they impact the delivery and provision of health care to asymptomatic PWH. Three focus group discussions were conducted with health care providers and stakeholders. Data were analyzed thematically. Results showed that there were two themes which healthcare providers reflected that staffs who have direct care or provide health services, were most likely having work overload and they were not specialized in HIV/AIDS care. The accessibility in health care services was also limited for PWH in Thailand. Moreover, healthcare system should further improve the standard of HIV care services for PWH, promote educational training, and provide the up-to-date competent care or alternative medicine for healthcare providers.

Keywords: *health services, providers, asymptomatic HIV/AIDS*

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Introduction

In Thailand, people living with HIV/AIDS (PWA) is estimated at 440,000 cases and that 18,000 people died of AIDS-related illnesses in 2013.⁽¹⁾ Comparing with HIV progression in United States, the number of cases with AIDS symptoms is rapidly increasing, at about 50,000 new HIV infections per year.⁽²⁾ The Thai government is managing health care coverage of each population group and developing a minimum package for disadvantaged group like those with AIDS symptom or HIV infected patients.⁽³⁾ In addition, the Thai government can set up the achievement benchmark for highly active antiretroviral therapy (HAART) expansion for HIV-infected persons. HIV/AIDS patients receiving ART in Thailand was high to 72% in 2011, as compared to hardly access only 8% in the year 2002.⁽⁴⁾ This high percentage is the result of the country's policy to expand the coverage of its health insurance to cover those with Thai nationality who need to be treated with HAART free of charge. It is also due to continuing improvements in the HAART service system with attempts to reallocate human resource as well as budgetary resources with the aim of better equitable access to HAART. (1,5-6) The guideline of HAART for AIDS symptomatic is specific for persons who have T-helper lymphocyte blood count below 200 and they

must have had one or more opportunistic infections associated with AIDS.⁽⁷⁾ However, there are very limited health care services or long term care for persons with asymptomatic HIV to maintain their health and prevent progression of AIDS symptoms.

Many studies found that PWA, who did not receive antiretroviral drugs, did not have regular health check-ups and immunity monitoring.⁽⁸⁻⁹⁾ Health provision for asymptomatic PWA is only based on clinical symptomatic treatment when they have AIDS progression of opportunistic infections such as Hepatitis, Pneumocystis Pneumonia, and Tuberculosis.⁽¹⁰⁻¹¹⁾ Most of asymptomatic PWA could not access to appropriate or minimum health care services no matter what they would have the first voluntary counseling and HIV blood testing or not. Many of them suffered due to limited counseling services from healthcare personnel who had prejudice approaches, no human caring and unskilled counselors that impeded them to access continual HIV/AIDS healthcare services.⁽¹²⁻¹³⁾ Currently, existing health service provision that hindered them to access continuum of care was less effective referral care networking counseling services to specific HIV/AIDS units. There were no standardized comprehensive counseling services in primary health care settings that provided universal healthcare coverage of

health check-ups, monitoring of CD4, health promotion services, and effective referral care.⁽¹⁴⁻¹⁶⁾

Furthermore, the use of health services among PWHA to promote health and prevent illness has found that the incidence of prenatal HIV- infection increased from 1.7% to 2%.⁽¹⁷⁻¹⁹⁾ For example, only 30.8% of Thai married women used the pap-smear service, 13.4% obtained the breast examination service and most Thai women (75.2%) used contraceptive pills for family planning purpose.⁽²⁰⁻²³⁾ Some studies found that there were also commercial sex workers and only few HIV-infected women who could access effective health promotion and family planning services. In addition, those women had the means of using health services that were not suitable to their health. They could not access the services of health service during the pregnancy period and did not use safe methods of family planning.⁽²⁴⁻²⁵⁾

There are few evidence bases in current situation to reflect the effectiveness in providing care by health care providers who taking care of people living with asymptomatic HIV/AIDS (PWHA) in Thailand. Research questions was “how do health care providers providing care for PWHA?”. Thus, this project aimed to explore the perspective of providers in health care services, to provide recommendations to national health

policy for PWHA, and to guide on providers’ capacity building in caring to PWHA. The results of project may lead to establish the recommendation for health care services for PWHA based on experiences of health care providers and stakeholders in community under national health care coverage.

Method

Participants and Procedures

Participants in this study were health care providers in suburban and Metropolitan Bangkok who have specialized and experience in PWHA care. The snowball sampling was completed using targeted referrals. Participants were given monetary reimbursement. Participants (n = 25) were 4 physicians, 1 social worker, 17 registered nurses, and 3 policy makers from NGOs in Bangkok. Most of them were female (87.5%) and married (62.5%). The average of their experience working in healthcare was 10.4 years.

Qualitative data were collected by using through focus group discussions. The semi-structured interview guideline conducted approximately 90 minutes focus group. The focus group discussions were audio recorded. The interview guide questions were (a) current healthcare services for PWHA (b) barriers to providing the healthcare services for PWHA (c) facilitating factors to

providing the healthcare services for PWHA. Participants were encouraged to express their views and even disagree with one another related to guide questions.

The researchers conducted total of three focus groups with 6-8 participants per group. The purpose of the study was explained to each prospective participant. All participants were asked to informed verbal consent. Approvals for the study were obtained from the Ethics Committee of The Thai Red Cross College of Nursing and received permission from the Thai Red Cross AIDS research center (TRCARC) to conduct the study.

Data analysis

To achieve scientific trustworthy validity, we analysed with a process of narrative analysis.⁽²⁶⁾ A narrative analysis was devised based on synthesis and extension of narrative techniques articulated by the investigators and experts. The validity of qualitative research used the concepts of persuasiveness, correspondence, coherence, and pragmatic use as a guideline to support scientific adequacy of the study.⁽²⁶⁾ Persuasiveness meant the results of the study claims were supported with evidence from the participant's accounts. Correspondence was the agreement of participants with their own data and interpretations. Coherence

referred to whether the overall goals of the narrators had been accomplished by telling the story. Finally, pragmatic use was the extent to which particular research became the foundation for others' studies. All discussions were transcribed in Thai, providing the full record of each discussion. During the analysis, key themes were identified into transcripts, focusing on issues that were mentioned frequently and consistently, that particularly emphasis or for which views expressed in the interviews diverged in systematic ways.

Result

The results from participants' perception of healthcare services for PWHA were categorized into two themes in the following;

Theme I Impact of work overload and knowledge toward HIV care services

Theme I were included 1) shortage of healthcare resources for HIV/AIDS patients 2) shortage of counselors and staffs to care for PWHA 3) insufficient HIV/AIDS knowledge and therapeutic counselling.

1.1 Shortage of healthcare resources for HIV/AIDS patients

"My responsibilities are covered in all internal medical services in the OPD such as DM clinic on Wednesday, Hypertension

clinic on Friday, and HIV/AIDS on Thursday morning. So my concentration toward PWHAs is less and could not contribute more for them in terms of counseling. In addition, other responsibilities as a hospital staff to be accredited by the committee of hospital accreditation, we concentrate more time on paperwork than bedside care or client oriented.”

A nurse at OPD in a tertiary hospital

1.2 Shortage of counselors and staffs to care for PWHAs

“We don’t have enough both nurses and physicians to take care of these AIDS patients. Nowadays, nurses are fully responsible for those patients. I have worked my head off since I have to give nursing care services, manage the unit, and participate in several meetings. I just want to give up all”

A nurse at medical unit in a secondary hospital

1.3 Insufficient HIV/AIDS knowledge and therapeutic counselling

“I’m a nurse who work with HIV patients for a few years. As a nurse who work routinely with several areas in an internal medicine unit, we do not know much about update ARV. Some ARV have high reverse effects that can cause severe allergic reactions like Stephen Johnson. So we need to consult with HIV specialist/physician at all time, for example, ARV

complicated issues that should they need a prophylaxis treatment, it is still be a controversial among physicians. We need to refer or consult M.D. especially in the new case of PWHAs who start their ARV treatment”

A nurse at a secondary hospital

“We, as a registered nurse in general medicine outpatient clinic, do not confident enough to give counseling to PWHAs since we have not done frequently practice to be an expertise in this area. Mostly we asked for help from the nurses who are working directly with PWHAs since they have known and understood all the health and social issues that PWHAs might have.”

A nurse at a secondary hospital

Theme II Limited accessibility in healthcare systems for PWHAs

Theme II included 1) limited healthcare services for PWHAs 2) limitation of human resource development and unprepared healthcare students 3) limitation of universal coverage and social welfare of HIV/AIDS treatment and care.

2.1 Limited healthcare services for PWHAs

“HIV patients need to have annual check up especially who take ARV..... If we have enough medical and nursing staff, we can work proactive in health promotion services for HIV patients. We have overloaded with

general patients, so we usually could see only symptomatic HIV patients. PWHA may be categorized as general patients if they do not have symptoms, they will not have schedule for follow up or visit"

A physician at primary health care center

2.2 Limitation of human resource development, unprepared healthcare students,

"I think we need to be well trained how to take care HIV patients including all staff with direct contact with these patients such as receptionists, hospital registrars, pharmacologists, nurses, etc.....some staffs don't know how to take care or what they should suggest these patients..Some even act unfriendly and prejudice to them"

A nurse at tertiary care hospital

2.3 Limitation of universal coverage and social welfare of HIV/AIDS treatment and care

"Thai government's treatment programme provide HIV/AIDS patients to use generic antiretroviral therapy (ART), CD4 and viral load check-up with universal coverage. However, PWHA still be limited with health services in PCUs where could not provide ART, and CD4 check-up. Mostly they were referred to other hospitals, if they need specific HIV/AIDS treatment or other complicated complications"

Policy makers from NGO

Discussion

Qualitative data reflected two themes. The Theme I focused on healthcare providers and facilitating factors that influenced the situation of healthcare facilities, utilization of available resource and barriers for caring HIV-infected persons. The high work overloads, the lack of protective materials, and improper safety procedures have also exposed the health providers to the risk. Health providers are aware of these risks, and they admit that these affect their services for PWHA in the workplace. Healthcare providers are faced frequent rotation to several settings with various tasks (non-specific responsibility) including excessive paperwork. The results of the study indicated that the health care services were limited in healthcare service for PWHA because of staff work overload and insufficient knowledge of health care providers. Most HIV clinics are not separated from the general medicine clinic in several hospitals, they even use the same staffs and same space for Diabetes & Hypertension clinic. Nurses who work at medical outpatient clinic have to be multifunctional staffs. Medical nurses have to work in several clinics i.e. Kidney, Infectious, Heart, etc., so they have continually trained in updated treatment and pharmacology in all areas of chronic medical illnesses. Furthermore, healthcare provider

perceived that there were some system barriers, for example, shortage of HIV counselors, since healthcare providers have not be trained in a specialty of HIV counseling that it would lead PWHA to negative health outcomes.⁽²⁷⁾ It reflected that health care personnel could not provide proper counseling service to respond to PWHA' desperate needs.

All levels of healthcare settings should establish a unit for HIV counseling in terms of in-services counseling and/or Hotline counseling for high-risk groups and PWHA. There should have an ongoing counseling for individual PWHA in terms of psychosocial care, self-management, and stress reduction. In addition, there should have a referral system for appropriate psychiatric care. The wellness center should collaborate with social support organizations and allocate some small budget for active HIV support groups or self-help groups.⁽²⁸⁻³⁰⁾

From theme II Limited accessibility in healthcare system for PWHA, that included lack of human resource development and unprepared healthcare students, the findings indicated that most staffs who were working in the medical outpatient clinic were general practitioners. Nurses and physicians were not specialized trained or updated their knowledge about current HIV/AIDS treatment. They seems to be more conflicted to

provide counseling and care for HIV/AIDS patients. Not only most physicians and nurses have studies in short topic of HIV/AIDS disease in their baccalaureate program but also only some staffs have specialized training in HIV/AIDS. The institutional policy in human resource development should have specific plan for healthcare providers to take annual specific training programs such as updated treatment, specific HIV care, and counseling for HIV/AIDS. In curriculum development, we need to add the sufficiency knowledge of HIV/AIDS care into baccalaureate curriculum for medical students, social workers student, and nursing students. It seems to be more focused to working in this field if healthcare providers could have more reimbursement from taking care of this high risk group, and would be offered further advance training for physicians and nurses.

The subtheme of limited universal coverage, there were more than 220,000 HIV/AIDS patients who received antiretroviral therapy (ART) while there were still more than 200,000 PWHA who were not access to treatment and prevention for their complications. The 2014 Thailand National guidelines on HIV/AIDS treatment and prevention were developed by the collaborations of the Department of Disease Control, Ministry of Public Health (MOPH)

and the Thai AIDS Society (TAS). The guideline emphasizes that ART is the important prevention in HIV/AIDS patients and the target strategies of every healthcare settings is “recruit-test-treat-retain”.⁽³¹⁾ With universal coverage, Thailand’s AIDS expenditure was 330 million USD in 2011. Most of AIDS expenditure were 73% of treatment, 14% prevention, and 13% others (research, social protection program management, etc.). We, as a healthcare practitioners, should focus on health care coverage with the ART as the prevention of complications for PWHA who have CD4 less than 500 cells/mm³.⁽³¹⁻³²⁾

Additionally, health care providers may need to manage all services for HIV/AIDS treatment including counseling services. Healthcare provision should include dental care, health check-up, Pap smear, breast examination, family planning, voluntary counseling and testing (VCT), viral load & CD4 monitoring, and screening for TB, cancer, hepatitis C & B as well as providing essential immunization.^(30,33) VCT services should be included in routine health check-up and continuing counseling for PWHA and high risk groups. This study could contribute to address the concern of health promotion services for PWHA.

Recommendation

Future work needs to focus on how to improve the standard of HIV care services for PWHA, to promote educational training, and to provide up-to-date, competent care, or to combine alternative medicine with the current treatment for healthcare providers to ensure sufficient numbers of providers who have high competency to care for persons with HIV/AIDS.

The next phase of study may need to develop a basic clinical guidelines for treatment and care of PWHA at all level of health care setting. Methodology of this assessment is limited to Metropolitan Bangkok and suburban, it should be replicated in other provinces and different clinical settings in Thailand to explore if there are similarity or diversity of information from providers’ perspectives, of HIV care services for PWHA in rural settings.

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